

# LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.  
Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31.

Lobbyist's Registration Number

## Instructions

- Print in ink or type.
- Complete form, have it notarized and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

FOR OFFICE USE ONLY

Postmark Date: 1/14/98

1980178  
REG

1/11/07  
\$10.00  
WMI

1. NAME DODDS BARBARA A.  
Last First MI
2. BUSINESS PHONE 504-892-8671 - HOME \*  
Area Code and Phone Number
3. BUSINESS ADDRESS 850 N. 5<sup>th</sup> ST. #103 BATON ROUGE LA 70802  
Street and No. City State Zip
4. EMPLOYER LEAGUE of WOMEN VOTERS of LA -
5. EMPLOYER'S ADDRESS 850 N. 5<sup>th</sup> ST. #103 BATON ROUGE LA 70802  
Street and No. City State Zip
6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.
1. Name LEAGUE of WOMEN VOTERS of LA - A NON-PARTISAN, NOT-FOR-PROFIT
- Address 850 N. 5<sup>th</sup> ST. #103 - BATON ROUGE, LA 70802
- Business or purpose CITIZEN EDUCATION & ADVOCACY ON ISSUES -
- Does this person pay you? NO
- If No, who pays you? VOLUNTEER - NO SALARY
2. Name \_\_\_\_\_
- Address \_\_\_\_\_
- Business or purpose \_\_\_\_\_
- Does this person pay you? \_\_\_\_\_
- If No, who pays you? \_\_\_\_\_

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Lobbyist's Registration Number

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

State of LOUISIANA

Parish of ST. TAMMANY

Before me, the undersigned authority, personally came and appeared BARBARA A. DODDS, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

Barbara A. Dodds  
Signature of Lobbyist

Sworn to and subscribed before me on this 6th day of

January, 19 98.

Diane Hueschen

Notary Public

Rev. 8/97

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY

